

RECEIVED
SUNY PRO SE OFFICE

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

2019 MAY 21 PM 4:29

19 CV 4760

Mariah Lopez

Write the full name of each plaintiff.

CV

(Include case number if one has been assigned)

-against-

NYPD; NYC-DOJ; Assistant District Atty
Michael Lynch (of the Bx DA's Office)
St. Barnabas Hospital

COMPLAINT

Do you want a jury trial?

☐ Yes ☐ No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

- ☒ **Federal Question**
- ☐ **Diversity of Citizenship**

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

14TH Amendment; as well as Excessive Force,
wrongful arrest; malicious Prosecution (and other
Prosecutorial Misconduct) * Also 4th Amendment
Violations and both intentional and Negligent Infliction of
Emotional Distress. Plaintiff Plans on Amending and
perfecting the complaint at a
later date/time.

B. If you checked Diversity of Citizenship**1. Citizenship of the parties**

Of what State is each party a citizen?

The plaintiff, New York, is a citizen of the State of
 (Plaintiff's name)

New York
 (State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, Michael Lynch, is a citizen of the State of

(Defendant's name)

New York

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If the defendant is a corporation:

The defendant, NYPD, NYCDOT, St Barnabus are incorporated under the laws of

the State of New York

and has its principal place of business in the State of

New York

or is incorporated under the laws of (foreign state)

and has its principal place of business in

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Mariah Lopez
First Name Middle Initial Last Name

Homeless
Street Address

W - 1101K - City, NY
County, City State Zip Code

212 470 9687 mariah4Change@gmail.com
Telephone Number Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

New York City Police Dept
 First Name Last Name

Current Job Title (or other identifying information)

1 Police Plaza

Current Work Address (or other address where defendant may be served)

New York NY

County, City

State

Zip Code

Defendant 2:

New York City Dept. of Investigation
 First Name Last Name

Current Job Title (or other identifying information)

80 Maiden Lane

Current Work Address (or other address where defendant may be served)

New York

County, City

State

Zip Code

Defendant 3:

Michael Lynch
 First Name Last Name

Assistant District Atty

Current Job Title (or other identifying information)

198 E 161 St

Current Work Address (or other address where defendant may be served)

Bronx NY 10451

County, City

State

Zip Code

Defendant 4:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

III. STATEMENT OF CLAIM

Place(s) of occurrence:

Date(s) of occurrence:

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

^{ML} From May 2017 the New York City Police Dept (its members) have arrested me on multiple charges that have since been dismissed; used excessive force during these arrests, beating me severely. In May 2017 I was beaten and given anti-psychotic medications by staff of St Barnabas Hospital; w/ the help of NYPD members. I was further beaten while drugged by both NYPD members and hospital staff (according to witnesses). The NYC Dept of Investigations failure to investigate, ~~the~~ ^{ML} ~~multiple~~ ^{ML} multiple complaints of sexual abuse and other crimes against myself and other "LGBQ" individuals has resulted in real and lasting emotional pain through present.

and distress. Not one single shelter client from "Marsha's" TIGBO shelter (besides Plaintiff) has been interviewed by DOJ in connection to DOJ acknowledged ~~and~~ So called "investigation" into events that took place in April and May of 2017. ~~Statute of limitations~~ Statute of limitations for DOJ and state law enforcement to charge NYC staff or contractors for official misconduct runs today. DOJ "Faked" an investigation, and allowed the "clock" to run intentionally. DOJ was provided with material and compelling proof of crimes committed against "Marsha's" shelter clients. ~~INJURIES:~~ See attached Document for complaint details re ADA ^{Lynch and NYPD}

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Beaten/Assaulted; Arrested, incarcerated; ~~and~~ ^{lynch} Left with recurring flashbacks and nightmares as well as other PTSD symptoms

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

Monetary Damages in excess of 10 million dollars

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

5/21/19
 Dated _____
 Plaintiff's Signature _____
 Mariah _____
 First Name _____ Middle Initial _____ Last Name _____
 Homeless _____
 Street Address _____
 New York City _____
 County, City _____ State _____ Zip Code _____
 212 470 9687 _____
 Telephone Number _____ Email Address (if available) _____
 mariah4change@gmail.com

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☒ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

Complaint

ADA Michael Lynch has intentionally withheld evidence which could clear my name as ~~is~~ (ML) could damage his case (including witnesses) and ~~is~~ (ML) is pursuing charges against me despite knowing his witnesses ~~are~~ (ML) are not being truthful; he is pursuing charges against me in furtherance of Political retaliation and Political Discrimination

* NYPD members have arrested me multiple times since May 2017 on charges they reasonably should have known were false. These cases have since been dismissed (will file exhibits w/ further arrest and charging details). While in custody NYPD members subjected me to anti Trans physical and verbal abuse.